

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF TEXAS

David E. Mack

v.

United Recovery Systems, LP

Civ. No. 4:12CV303

AFFIDAVIT IN SUPPORT OF CLERK'S ENTRY OF DEFAULT

I hereby certify that I am the plaintiff or the attorney of record for the plaintiff in the above cause, and that defendant United Recovery Systems, LP was served by the following method: Certified Mail # 7010 0780 0000 0582 8802 by Gary Storm on May 18, 2012

I further certify that the defendant has failed to serve an answer or other responsive pleading; no extension has been granted or any extension has expired; the defendant is neither an infant (under age 21) nor an incompetent person; the defendant is not in the active military service of the United States of America or its officers or agents or was not six months prior to the filing of the case.

The Clerk is requested to enter a default against said defendant.

Date:

6-21-2012



Plaintiff or Attorney for Plaintiff

Bar No.

7720 McCallum Blvd. #2099

Address

Dallas, Texas 75252

AO 440 (Rev. 06/12) Summons in a Civil Action (Page 2)

Civil Action No. _____

PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))

This summons for *(name of individual and title, if any)* United Recovery Systems, LP
was received by me on *(date)* 05/16/2012 .

☐ I personally served the summons on the individual at *(place)* _____
_____ on *(date)* _____ ; or

☐ I left the summons at the individual's residence or usual place of abode with *(name)* _____
_____, a person of suitable age and discretion who resides there,
on *(date)* _____, and mailed a copy to the individual's last known address; or

☐ I served the summons on *(name of individual)* _____, who is
designated by law to accept service of process on behalf of *(name of organization)* _____
_____ on *(date)* _____ ; or

☐ I returned the summons unexecuted because _____ ; or

☒ Other *(specify)*: Served by certified mail # 7010 0780 0000 0582 8802

My fees are \$ 5.00 for travel and \$ 15.00 for services, for a total of \$ 20.00 .

I declare under penalty of perjury that this information is true.


Date: 6-18-2012


Server's signature

Gary Storm
Printed name and title

PO Box 835211
Richardson, Texas 75083
Server's address

Additional information regarding attempted service, etc:

| SENDER: COMPLETE THIS SECTION | | COMPLETE THIS SECTION ON DELIVERY | |
|--|--|---|--|
| <ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. | | A. Signature <input checked="" type="checkbox"/> Addressee | |
| 1. Article Addressed to: <p style="text-align: center;">United Recovery Systems, LP 5800 N. Course Drive Houston, Texas 77072</p> | | B. Received by (Printed Name) C. Date of Delivery | |
| | | D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No  | |
| | | 3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. | |
| | | 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes | |
| 2. Article Number (Transfer from service label) | | 7010 0780 0000 0582 8802 | |
| PS Form 3811, February 2004 | | Domestic Return Receipt | |
| | | 102595-02-M-1540 | |